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| SCC eFile | 2014 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 214546504 | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: Westfield National Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: OH</p> </div> <div style="width: 35%;"> <p>DUE DATE: 11/30/2014</p> <p>SCC ID NO: F1842261</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>10,000</td> </tr> </table> </div> </div> | | | CLASS | AUTHORIZED | COMMON | 10,000 | |
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| COMMON | 10,000 | | | | | | |
| <p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="margin-left: 40px;">ADDRESS: ONE PARK CIRCLE</p> <p style="margin-left: 40px;">CITY/ST/ZIP: WESTFIELD CENTER, OH 44251</p> | | | | | | | |
| <p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p> | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: EDWARD J. LARGENT, III TITLE: PRESIDENT ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">OFFICER</td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input type="checkbox"/> </td> <td style="width: 20%; text-align: center; vertical-align: middle;">DIRECTOR</td> </tr> </table> | | | NAME: EDWARD J. LARGENT, III TITLE: PRESIDENT ADDRESS: ONE PARK CIRCLE CITY/ST/ZIP/CO: WESTFIELD CENTER, OH 44251 | <input checked="" type="checkbox"/> | OFFICER | <input type="checkbox"/> | DIRECTOR |
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| | | | |
|--|----------------------------------|----------------------------------|--|
| NAME: | SUSAN J INSLEY | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 4972 TEMPE ROAD | | |
| CITY/ST/ZIP/CO: | POWELL, OH 43065 | | |
| NAME: | ROBERT J JOYCE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | ONE PARK CIRCLE PO BOX 5001 | | |
| CITY/ST/ZIP/CO: | WESTFIELD CENTER, OH 44251 | | |
| NAME: | DEBORAH D PRYCE | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 1401 EYE STREET | | |
| CITY/ST/ZIP/CO: | WASHINGTON, DC 20005 | | |
| NAME: | JOHN L WATSON | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 110 N MAIN STREET SUITE 1400 | | |
| CITY/ST/ZIP/CO: | DAYTON, OH 45402 | | |
| NAME: | THOMAS E WORKMAN | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| TITLE: | DIRECTOR | | |
| ADDRESS: | 551 FIFTH AVENUE 29TH FLOOR | | |
| CITY/ST/ZIP/CO: | NEW YORK, NY 10176 | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | |
| /s/ FRANK CARRINO | FRANK CARRINO, SECRETARY | 10/14/2014 | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | |